123522 BOOK 152 PAGE 956

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

D-1 LOCAL FILE NUMBER 8HD

CERTIFICATE OF DEATH

STATE FILE NUMBER

Field	Entry
Deceased—Name (First, Middle, Last)	JOSEPH ---- SZYDLO
Sex	Male
Date of Death	May 13, 1978
Race	White
Age—Last Birthday (Years)	90
Date of Birth	8-15-1887
County of Death	Clark
City, Town, or Location of Death	Camas
Inside City Limits	Yes
Hospital or Other Institution	Highland Terrace Nursing Home
State of Birth (if not in U.S.A., name country)	Austria-Hungary
Citizen of What Country	U.S.A.
Married, Never Married, Widowed, Divorced	Widowed
Surviving Spouse	None
Social Security Number	[redacted]
Usual Occupation	Farmer 206
Kind of Business or Industry	Chicken Farmer
Residence—State	Washington
County	Skamania
City, Town, or Location	Carson
Inside City Limits	No
Street and Number	Star Route
Father—Name	Frank -- Szydlo
Mother—Maiden Name	Koot, Elizabeth -- Szydlo
Informant—Name	Wanda Martell
Mailing Address	P.O. Box 186 Sebastian, Florida 32958

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))

Cause	Approximate interval between onset and death
(a) Immediate cause: ~~Pneumonia~~ congestive heart failure	12 hours
(b) Due to, or as a consequence of: Pneumonia	12 hours
(c) Due to, or as a consequence of: Chronic obstructive pulmonary disease	several years

PART II. OTHER SIGNIFICANT CONDITIONS:

Autopsy: No

Accident, Suicide, Homicide, or Undetermined:
Date of Injury:
Hour:
How Injury Occurred:
Injury at Work:
Place of Injury:
Location:

CERTIFICATION—PHYSICIAN: I attended the deceased from — to 5 13 78; and last saw him/her alive on 5 12 78; I did not view the body after death. Death occurred at the place, on the date, and to the best of my knowledge, due to the cause(s) stated. Hour: 12:53 AM

CERTIFICATION—CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated. The decedent was pronounced dead: 5 13 78, Hour 12 53 A.M.

Certifier—Name: John S. Barton, Jr. M.D.
Signature: J. Barton MD
Date Signed: 5 16 78
Mailing Address—Certifier: 327 N.E. 5th Camas, Washington 98607

Field	Entry
Burial, Cremation, Removal	Burial
Cemetery or Crematory—Name	Carson Cemetery
Location	Carson, Washington
Date	May 16, 1978
Funeral Home—Name and Address	GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672
Funeral Director—Signature	[signature]
Registrar—Signature	[signature]
Date Received by Local Registrar	5-18-78

DSHS 9-181 (6-73) (HEA 67) (Formerly S.F. 8191).

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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

D-1 LOCAL FILE NUMBER 81D

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

Field	Entry
1. Deceased — Name (First, Middle, Last)	JOSEPH ---- SZYDLO
2. Sex	Male
3. Date of Death	May 13, 1978
4. Race	White
5a. Age — Last Birthday (Years)	90
6. Date of Birth	8-15-1887
7. County of Death	Clark
8. City, Town, or Location of Death	Camas
9. Inside City Limits	Yes
10. Hospital or Other Institution	Highland Terrace Nursing Home
11. State of Birth (if not in U.S.A., name country)	Austria-Hungary
12. Citizen of What Country	U.S.A.
13. Married, Never Married, Widowed, Divorced	Widowed
14. Surviving Spouse	None
15. Social Security Number	[redacted]
16a. Usual Occupation	Farmer
16b. Kind of Business or Industry	Chicken Farmer
17a. Residence — State	Washington
17b. County	Skamania
17c. City, Town, or Location	Carson
17d. Inside City Limits	No
17e. Street and Number	Star Route

PARENTS

Field	Entry
18. Father — Name	Frank -- Szydlo
19. Mother — Maiden Name	Koot, Elizabeth -- Szydlo
20a. Informant — Name	Wanda Martell
20b. Mailing Address	P.O. Box 186 Sebastian, Florida 32958

CAUSE

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) Immediate cause	~~pneumonia~~ congestive heart failure	12 hours
(b) Due to, or as a consequence of	pneumonia	12 hours
(c) Due to, or as a consequence of	chronic obstructive pulmonary disease	several years

PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in Part I (a)

Autopsy (yes or no): No

If yes were findings considered in determining cause of death:

Accident, Suicide, Homicide, or Undetermined:
Date of Injury:
Hour:
How Injury Occurred:
Injury at Work:
Place of Injury:
Location:

CERTIFIER

Certification — Physician: I attended the deceased from ... to 5 13 78 and last saw him/her alive on 5 12 78. Did not view the body after death. Death occurred at the place, on the date, and due to the cause(s) stated: Hour 12:53 AM

Certification — Coroner: The decedent was pronounced dead: 5 13 78, Hour 12:53 AM

Field	Entry
Certifier — Name	John S. Barton, Jr. M.D.
Signature	J. Barton MD
Date Signed	5 16 78
Mailing Address — Certifier	327 N.E. 5th Camas, Washington 98607

BURIAL

Field	Entry
Burial, Cremation, Removal	Burial
Cemetery or Crematory — Name	Carson Cemetery
Location	Carson, Washington
Date	May 16, 1978
Funeral Home — Name and Address	GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672
Funeral Director — Signature	Lee C. Nelson
Registrar — Signature	Nachampaign
Date Received by Local Registrar	5-18-78

DSHS 9-181 (6-73) (HEA 67) (Formerly S.F. 8191)

FILED FOR RECORD
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

123522 BOOK 152 PAGE 956

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

D-1 LOCAL FILE NUMBER 8 HD

CERTIFICATE OF DEATH

Field	Entry
1. Deceased — Name (First, Middle, Last)	JOSEPH ---- SZYDLO
2. Sex	Male
3. Date of Death	May 13, 1978
4. Race	White
5a. Age — Last Birthday (Yrs)	90
6. Date of Birth	8-15-1887
7a. County of Death	Clark
7b. City, Town, or Location of Death	Camas
7c. Inside City Limits	Yes
7d. Hospital or Other Institution	Highland Terrace Nursing Home
8. State of Birth (if not in U.S.A., name country)	Austria-Hungary
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Widowed
11. Surviving Spouse	None
12. Social Security Number	[redacted]
13a. Usual Occupation	Farmer
13b. Kind of Business or Industry	Chicken Farmer
14a. Residence — State	Washington
14b. County	Skamania
14c. City, Town, or Location	Carson
14d. Inside City Limits	No
14e. Street and Number	Star Route
15. Father — Name	Frank -- Szydlo
16. Mother — Maiden Name	Koot, Elizabeth -- Szydlo
17a. Informant — Name	Wanda Martell
17b. Mailing Address	P.O. Box 186 Sebastian, Florida 32958

18. Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c)) — Approximate interval between onset and death

	Immediate cause	Interval
(a)	~~pneumonia~~ congestive heart failure	12 hours
(b) Due to, or as a consequence of	pneumonia	12 hours
(c) Due to, or as a consequence of	chronic obstructive pulmonary disease	several years

Part II. Other significant conditions:

Field	Entry
19a. Autopsy	No
19b. If yes were findings considered in determining cause of death	
20a. Accident, Suicide, Homicide, or Undetermined	
20b. Date of Injury	
20c. Hour	
20d. How Injury Occurred	
20e. Injury at Work	
20f. Place of Injury	
20g. Location	
21a. Certification — Physician: I attended the deceased from — to	5 13 78
21b. And last saw him/her alive on	5 12 78
21d. Death occurred at the place, on the date and due to the cause(s) stated. Hour	12:53 AM
22b. The decedent was pronounced dead	5 13 78, 12:53 AM
23a. Certifier — Name	JOHN S. BARTON, JR. M.D.
23b. Signature	J. Barton MD
23c. Date Signed	5 16 78
23d. Mailing Address — Certifier	327 N.E. 5th Camas, Washington 98607
24a. Burial, Cremation, Removal	Burial
24b. Cemetery or Crematory — Name	Carson Cemetery
24c. Location	Carson, Washington
24d. Date	May 16, 1978
24e. Funeral Home — Name and Address	GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672
25a. Funeral Director — Signature	[signature]
26a. Registrar — Signature	[signature]
26b. Date Received by Local Registrar	5-18-78

DSHS 9-181 (6-73) (HEA 87) (Formerly S.F. 8191)

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